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state Very of OCCUPATION IS statement Exact properly classified. pe may certificate. that 80 ō back terms. See Instructions on plain 드 DEATH 10 Important.

RECORD PERMANENT EXACTLY. stated 4 be IS should UNFADING INK-THIS AGE supplied. carefully WITH pe should PLAINLY. Information WRITE o Item Every It

#### 1 PLACE OF DEATH Village or City 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE DATE OF BIRTH (Month) 7 AGE OCCUPATION (a) Trade, profession, or

particular kind of work

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

ARENT

15

11 BIRTHPLACE

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

THE ABOVE IS TRUE

OF MOTHER

OF FATHER (State or country)

(b) General nature of Industry, business, or establishment in

which employed (or employer)

(Year)

if LESS than

1 day, .....hrs.

OR ..... 7

5 SINGLE,

MARRIES, WIDOWED, ORDIVORCED (Write the word)

(Day

.mos,.....ds.



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;Ward)	[if death occurred in a hospital or institution, give its NAME instead
	of street and number.

MEDICA	L CERTIFICATE	OF DEATH	
DATE OF DEATH	(Month)	/ 8 (Day	, 1915 (Year)
17 I HEREI	BY CERTIFY, That	l attended de	ceased from
***************************************	191, to	********************	, 191
that I last saw h	alive on		, 191
and that death occurred	on the date state	d above, at	m
The CAUSE OF DEATH	* was as follows:	1 1	lèm
Contributory Secondary	(Duration)	yrs	mosds
(Signed) 8, 1911(1)	(Address) (Address)	our slos	.mosds
*State the DISEASE CAUSES, state (1) MI TAL, SUICIDAL, OF HOM	CAUSING DEATH, CEANS OF INJURY;	or, in deaths fr and (2) wheth	rom Violent der Acciden
18 LENGTH OF RESIDE OR RECENT RESIDENTS At place of death yrs me Where was disease contracted If not at place of death? Former or	NCE (FOR HOSPITAL ) In the os ds. State 1,	.s, Institutions	, TRANSIENTS
usuai residence	AD DEMOVAL	- ATE OF	
Near Repobolt		ONTE OF E	URIAL

(Address).... REGISTRAF

KNOWLEDGE

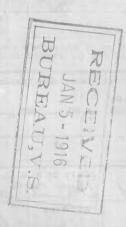
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of thenia," "Anaemia" (merely symptomatic), "Atrophy," aant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertalned as the nus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Dropsy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-"Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory Always qualify all diseases resulting from (secondary or intercurrent) State cause for "Exhaustion," Never report



should state

PHYSICIANS

RECORD

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STATE OF MARYLAND 1 PLACE OF DEATH Very CERTIFICATE OF DEATH 8 Registered No. 26 OCCUPATION lif death occurred in St:....Ward) a hospital or institution. give its NAME instead of street and number. ] 10 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement 5 SINGLE, 4 COLOR OR RACE MARRIED, WIDOWED, (Day) OR OLVERCEO GERTIFY. That I attended deceased from OF BIRTH (Year) (Day) If LESS than 7 AGE and that death occurred on the date stated above, at ..... 1 day hrs. The CAUSE OF DEATH \* was as follows: BOCCUPATION a) Trade, profession, or barticular kind of work (b) General nature of industry. business, or establishment in which ampioved (or ampiover) ..... may that It mi 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 0 11 BIRTHPLACE terms. (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT PAREN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place 2 OF MOTHER State or country ...... yrs. ...... mos. ...... ds. State vrs. EATH Where was disease contracted. If not at place of death? 0 0 Former or 0 DATE OF BURIAL Importan Every It ADDRESS REGISTRAR m.

(Year)

..... 191.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE gainfully employed, as At school or At home. who receive a definite salary), may be entered as statement. material worked on may form part of the second Groecry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many l'hysician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. neation, as Day laborer, Farm laborer, Laborer-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

cause of death approved by Committee on Nomenclainjury, as fracture of skuli, and consequences (e. g., sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Repolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_ Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for For VIO-



V. S. No. 1.

N. B.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

¹ PLACE OF DEATH	
08 1 21000 (1)	STATE OF MARYLAND CERTIFICATE OF DEATH,
County Domerset	10 5/1
	Registration Dist, No.
Village or City Confield (No,	St.; Ward) [If death occurred in a hospital or institution,
16.	give its NAME instead of street and nomber.]
2 FULL NAME & ggel Cinn	(XIKinson
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED,	16 DATE OF PEATH DEC BY The Rec 34 1915
remale White (Write the word)	found dead (Month) (Day (Year)
6 DATE OF BIRTH MI	17 I HEREBY CERTIFY, That I attended deceased from
May 2, 1868	
7 AGE (Month) (Day (Year)	that I last eaw h alive on
47 \ 29 1 day,hrs.	and that death occurred on the date stated above, at
BOCCUPATION / SOCCUPATION	
(a) Trade, profession, or found work.	Zulphosay 10 pr aballing
(b) General nature at Industry, business, or establishment in	
which amployed (or ampioyer)	(Duration) yrsmosds.
State or country.) Mathews la.	Contributory Secondary
10 NAME OF SUPPLIES OF SE	(Signed) William a Chatter excess 4 4 n
of 11 BIRTHPLACE	1) 191 6 (Address) Eury bed 7
11 BIRTHPLACE OF FATHER (State or country)  12 Malden of Monther OF MONTHER	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER MANY Perhans	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the
(State or country) Mathews Va.	ot death yrs mos ds. State yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Informant) + y Amully	Former or usual residence.
(Address) Crossilla Ma	19 BLACE OF BURIAL OR REMOVAL PATE OF BURIAL
191 , 2010	Baltinore Md Jan 20,300 1915-
Exec 1915 // Careboan	200 NDE TAKEN ADDRESS
REGISTRAR	Maluxon (restald

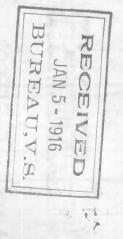
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," ctc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each aud every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Forciuan,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death all respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid disease of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereutesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for malig-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite discase can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustlon," Never report



Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD BINDING 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS RESERVED MARGIN

S. No.

N. B.

С	ounty County 21924	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist No. 260
١	'illage or City Micelon (No,	Registration Dist, No
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 9	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
8 0	(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from
7 A		and that death occurred on the date stated above, atm, The GAUSE OF DEATH* was as follows:
(a pa (b)	CCUPATION » ) Trade, profession, or rilcular kind of work	Olleboth
9 B	iness, or establishment in ich employed (or employer)	(Ouration) yrs mos ds.  Gontributory (Secondary) (Duration) yrs mos ds.
PARENTS	10 NAME OF FATHER Wanted & Balland,  11 BIRTHPLACE OF FATHER (State or country)	(Signed) (Address) (Address) (State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
PAR	13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
147	the above is true to the Best of MY KNOWLEDGE	Where was disease contracted, If not at piaco of death? Former or usuat residence
15 Fil	ed DEC, 19, 1915 Plench REGISTRAR	DATE OF BURIAL OR REMOVAL  DATE OF BURIAL  DEL 19
	if more blanks are needed, address State Begistran	c, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

of persons engaged in domestic service for wages, as cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indicausing death, state occupation at beginning of iilbeen changed or given up on account of the DISEASE should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. Kervant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative meaithfulminc, etc. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscia

injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. -Hart fallure," "Haemorrhage," "Inanition," "Maras "Coilapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neopiasms); Measles; Whooping cough; Chronic ter" is iess definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Candeath), 29 ds.; Never report Examples: For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD QNIONIB RESERVED MARGIN V. S. No. 1.

FOR

Cour	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 264
Villa	ge or City Weston Distance, Woole	St.; Ward)  [If death occurre a hospitat or institut give its NAME ins of street and numb
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Y  17 I HEREBY CERTIFY, That I attended deceased
7 AG	(Month) (Day) , 1 (Year)  (Month) (Day) (Year)  If LESS than 1 day, hrs. OR min.?	that last saw halive on 27, 19 and that death occurred on the date stated above, at 19. The CAUSE OF DEATH * was as follows:
pa	CCUPATION  a) Trade, profession, or ricular kind of work  b) General nature of Industry	lemie Eudocodetis
(a par (b bus wh	a) Trade, profession, or ricular kind of work  1) General nature of iodustry siness, or establishment in hich employed (or employer)  IRTHPLACE (State or country)	(Buretion) / yrs. — mos.  Contributory Secondary (Ourstion) / yrs. — mos.
ST N	1) Trade, profession, or ricular kind of work  1) General nature of lodustry islness, or establishment in hich employed (or employer)  11 BIRTHPLACE (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 State or country)	Contributory Secondary
PARENTS MP 9 PR	1) Trade, profession, or ricular kind of work  1) General nature of lodustry siness, or establishment in inich employed (or employer)  11 RTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER	(Signed)  State the Disease Causing Death, or, in deaths from Violer Causing, state (1) Means of Injury; and (2) whether Accidenta

[Approved by U. S. Census and American Public Health Association.]

wife, Housework, or At Home, and children, not gainfully write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton Hausemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of agc. ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Compositor, Architect, very important, so that the relative healthful-For persons who have no occupation whatever, Stationary fireman, etc. But in many cases, The material worked on may form part Locomotive engineer, If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of .......... (name origin; "Cancer" is less definite; avoid use of Example: Measles (disease causing death), 29 ds.; Bronby The nature of the injury, as fracture of skull, railway The contributory (secondary or intercurtrain-accident; Revolver State cause for which Never "Atrophy," "Col-"Exhaustion, report mere mound ("Con-

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All are data is essential and must be obtained before the certificate is permanently filed.

3161-6 NAU SURTANTIA

1 PLACE OF DEATH	STATE OF MARYLAND
County 20 / 21926	CERTIFICATE OF DEATH
Village or o'Mear Poromoke	Registration Dist. No
Village or City	a hospital or institution, give its MAME instead
<sup>2</sup> FULL NAME YMAA (	Socion of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Henale Black & Single, MARRIED, WIDOWED OR DIVORCED OR DIVORCED	16 DATE OF DEATH  (Month) (Day) (Year)
© DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h alive on
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, atm.
about 91 yrs. 1 mes. ds. OR min.?	THE CAUSE OF DEATH * was as follows:
(a) Trade, profession, or Abusework	firmitfes of age.
(b) General nature of industry	1) 1
business, er establishment in which empleyed (or employer)	(Duration) yrs. mos. ds.
State or country)	Contributory
10 NAME OF FATHER WIRMOUND	(Signod) (Burgilon) yrs. mos. ds.
L 11 BIRTHPLACE OF FATHER (State or country)	State the Dispass Carging Dearth or in deaths from Vice war
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the Dibease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal of Homicidal.
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) 11	At place in the of deathyrsmesds. Stete,yrsmesde.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Alway Miles	Former or usual residence
(Address To comoke - P. f. W. /	Orist M. G. DATE OF BURIAL 5
Filed 12 31, 1915 C. a. Vowell.	20 UNDERTAKER Bros. Pocomoke
If more blanks are needed, address State Registrar, 1	V

[Approved by U. S. Census and American Public Health Association.]

especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-"Foreman," "Manager," "Dealer," etc., mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physistate occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. business, that fact may be indicated thus: Farmer (retired write None. Statement of Occupation-Precise statement of occupa--Coal mine, etc. obile factory. The material worked on may form part the second statement. Never return "Laborer," For persons who have no occupation whatever Women at home, who are engaged in If retired from without more (b) Auto-

spinal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fener (never report "Typhoid previousia"); fever (the only definite synonym is "Epidemic CAUSING DEATH (the primary affection with respect to unqualified, is indefinite); Tuberculosis term for the same disease. time and causation), using always the same accepted Statement of Cause of Death-Name, first, the DISEASE pneumonia, Bronchopneumonia Examples: ("Pneumonia" 3 1916 Cerebrospinal BURDAU, V.S. cerebro

nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of. genital," "Senile," ctc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maraschopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uracmia," "Weakness, lapse," "Coma," "Anaemia" symptoms or terminal conditions, such as "Asthenia," on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deates eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations by railway train-accident; Revolver (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurcarbolic acid-probably Never report mere ACCIDENTAL, important. wound of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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#### PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. fif death occurred in Ward) a hospital or Institution. give its NAME instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. ORDIVORCED (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that desth occurred on the date stated shove, at t day. hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of indostry. business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE PARENT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or count of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State \_\_\_\_\_ yrs, \_\_\_ 14 THE ABOVE IS Where was disease contracted. If not at place of death?-Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURHAL 15 20 UNDERTAKER APDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciture of the American Medical Association.) The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report



See instructions on back

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CAUSE

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1 PLACE OF DEATH

Count	y . S.C	mu	rset		13%9	(3)	CER	ΓI
Vitlag	e or Git	NAME	lerli Lu	thur	No. M.B.	ad	shaw	
	PERSO	NAL AND S	TATISTICA	L PARTICU	LARS		MEDICAL	. c
SEX	ile	4 COLOR O	R RACE	MARRIED, WIDOWED, ORDIVORCED (Write the W	Marri	The second	ATE OF DEATH	Υ (
8 DATE	OF BIRTI	1	May (Month)	(Day)	A 189	2 25	lest saw h.Ama	191.
7 AGE		23 yrs.	6 mc	os. 23 c	If LESS that 1 day,hrs.	The C	hat death occurred	
particula (b) Geno business, which em	e, protession, r kind of wo ral nature of or establis pployed (or e or countr	rk		rma	N	C (	ontributory Par	h
ENTS	NAME OF FATHER BIRTHPL OF FATH State or C	ACL DESIGNATION OF THE PROPERTY OF THE PROPERT	Sw	Ell SI	Asha	CAL	d) Chas.  101. 5 (191.	AUS
13 (S	BIRTHPLA OF MOTH State or co	ACE IER Duntry)	THE SEST	rlow of MY KNO Frad	OVAU WLEDGE Shaw	At pla of dea Where If not	ath yrs mos e was disease confracted, i af place of death? er or	
15 Filed.do	Address	16,1915	fler	Low T. Sch	watka.	19 p	LACE OF BURIAL OF SURIAL O	1

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#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 266

[it death occorred in a hospitat or institution, give its NAME instead of street and number.]

ERTIFICATE OF DEATH 191.0. (Month) (Day) (Year) CERTIFY, That I attended decessed from the date stated shove, at. as as follows: SING DEATH, or, in deaths from VIOLENT OF INJURY; and (2) whether Acciden-DAL. (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the State DATE OF BUR REMOVAL ADDRESS

If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as cases, especially in industrial employments, it is necwho have no occupation whatever, write None CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should he used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return -Precise statement of occupa-"Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—It is primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childhirth or miscarriage, as "Purneeral septichaccause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genltal," "Senile," etc.), "Dropsy," thenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. uant neoplasms) : Measles; Whooping cough: Chronic cer" is less definite; avoid use of "Tumor" for mallg. ture of the Americau Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Dehility" ("Convalvular heart disease; Chronic interstitial nephritix oma. Sarcoma. etc., of Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-"Exhaustion," Examples: For vio



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state 10 should PHYSICIANS shou classified. properly AG may certifica 80 of plain = DEAT PO Every item CAUSE OF Important.

N. B.

#### PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. Ilf death occurred le ......Ward) a hospital or Institution. give its NAME jostead of street and oumber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS the 18 DATE OF DEATH SEX 5 SINGLE. 4 COLOR OR RACE MARRIEO, WIDOWED, (Month) (Dav) (Year) Write the word) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Day) (Month) (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH \* was as follows: OR ..... ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory..... (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE e, 191...2. (Address) ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-ARI 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death ...... yrs. ..... mos. ..... State ..... yrs. Where was disease contracted. KNOWLEDGE If not at place of death? Former or usual residence. 19 PLACE OF DATE OF BURIAL Address 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

It should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional fine is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewifc, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid demonda"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purreral septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Maras "Coilapse." "Coma," "Convuisions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms) : Mcasles; Whooping cough: Chronic oma. Sarcoma. etc., of . ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-Injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railroay train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as Bronchopncumonia (secondary), 10 ds. Never report is iess definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from "Senlle." etc.), "Dropsy," (secondary or intercurrent) (name origin; "Can "Exhaustion," Examples:



N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

BINDING

RESERVED FOR

MARGIN

V. S. No. 1.

Coun	ge or City Rehobstu (No	STATE OF MACERTIFICATE  Registration [ St.; Ward)	OF DEATH
	<sup>2</sup> FULL NAME	1	
	PERSONAL AND STATISTICAL PARTICULARS		OF DEATH
3 SE	emale White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH JSc. (Month	()
7 AG	(Month) (Day) (Year)  It LESS than 1 day, hrs.	that I last saw har alive on and that death occurred on the date s	
X par	yrs, mes. ds. OR min.?  CCUPATION ) Trade, protession, or licular kind of work ) General nature of industry	The CAUSE OF DEATH * was as follows:	ykauston
bus whi	Iness, or establishment in ch employer (or employer)	Contributory Prelson	Joseph Mos de Juberculose
PARENTS	10 NAME OF RATHER Robert Dousey  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME TO	(Signed) (Burstion) (Signed) (Address) (Address)  *State the Dispass Causing Dmath, or Causes, state (1) Means of Injury; and Suicidal or Homicidal.	or, in deaths from Violent (2) whether Accidental,
	OF MOTHER Manyarch McClaus  13 BIRTHPLACE OF MOTHER (State or country)  E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  Therman!)	18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS) At place in the	, INSTITUTIONS, TRANSIENTS,
16	(Address) Sousian mo.,	19 PLACE OF BURIAL OR REMOVAL  Chobreh  20 UNDERTAKER	DATE OF BURIAL
File	PEGISTRAR	Jash Stevens	Pocomola
	If more blanks are needed, address State Registrar, 1	Saratoga St., Balto., Requesting V. S. No.	

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer. Stationary fireman, etc. But in many eases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and ehildren, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, House naid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 178.). For persons who have no occupation whatever, write None.

Statement of Cause of Death—Name, first, the DISEASE NAUSING PEACH (the primary affection with respect to time and education), using always the same accepted term for the same disease. Examples: Cerebrospinal for (the only definite synonym is "Epidemic eerebrospinal meninguis"); Diphtheria (avoid use of "Croup"); Tuphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough: Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the eause. Always qualify all diseases resulting from ehildbirth or misearriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State eause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and eonsequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of eause of death approved by Committee on Nomenclature of the American Medical Association.)

MARGIN RESERVED FOR BINDING

[Approved by U. S. Census and American Public Health
Association.]

state occupation at beginning of illness. If retired from only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autocian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. Housemaid, etc. mobile factory. Statement of Occupation-Precise statement of occupa--Coal mine, ctc. For persons who have no occupation whatever The material worked on may form part statement. Never return "Laborer," If the occupation has been changed Women at home, who are engaged in

term for the same disease. Example term for the same disease term for the same disease. Example term for the same disease term for the same CAUSING DEATH (the primary affection with respect to Statement of Cause of Death-Name, first, the DISEASE

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, OR HOMICIDAL, OR as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia, "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Anaemia" (mcrely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping by The nature of the injury, as fracture of skull railway train-accident; The contributory (secondary or intercur-"Dropsy," Revolver "Exhaustion," wound

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Sent out for

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD V. S. No. 1.

BINDING

MARGIN

Statement of	County Lawronin, miss.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward)  St.; Ward)
tem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICI state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact stateme ATION is very important. See instructions on back of certificate.	Village or City Lawronia, Mis.  PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE SINGLE MARRIED, Single MANOWED CONDUCTORED (Write the word)  6 DATE OF BIRTH  Nec.  7 AGE Child was born dead if LESS than 1 day. hrs. OR min.?  6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country) Lawronia, Mid  10 NAME OF FATHER Willie Sterling  11 BIRTHPLACE OF MOTHER (State or country)  12 MAIDEN NAME ALLIE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER HALLIE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Latter Supplementary  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  17   HEREBY CERTIFY, That I attended decased from Midway (1991) (Year)  18   Loss for a state of the
N. B.—Every in should OCCUP	(Address) Lautoma Md  15 Filed Dec 34, 1915 G. G. Collins) REGISTRAR  To more blanks are needed address State Registrar.	20 UNDERTAKER  July  ADDRESS  January, Md.  ADDRESS  January, Md.  16 W. Saratoga St., Balto, Requesting V. S. No. 1.
ż	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Doy laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Former or Planler, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by corbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as birth or miscarriage as "Puenpenal septichaemia," etc., when a definite disease can be ascertained as the Struck by railway troin-occident; Revolver wound of to determine definitely. Examples: Accidental drawning. surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of..... "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Colhapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless nephrilis, etc. cough; Chronic vulvular heart disease; Chronic interstitiol (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The contributory (secondary or intercur-Never report mere "Exhaustion," ACCIDENTAL important



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No .-Ilf death occurred la -Ward) a hospital or lostitution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. DATE OF DEATH MARRIEO, WIDOWED. Write the word) (Month) I HEREBY CERTIFY. That I attended deceased (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 day .....hrs. OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in 1 mos /8 10 which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place In the of death yrs, ..... State Where was disease contracted, If not at place of death? Former or usual residence REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples: who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Civil engineer, Stationary freman, etc. But in many (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

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valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For VIO-



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1 PLACE OF DEATH



#### STATE OF MARYLAND CERTIFICATE OF DEATH

St: .....Ward)

I if death occurred in a hospital or institution, give its NAME instead

of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED, ORDIVORGED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at 4 1 day,....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Frade, profession, er particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death ..... yrs. ..... mas. ..... ds. State vrs. Where was disease contracted. If not at place of death?... Former or usual residence. DATE OF BURIAL (Address)..... . 191 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Belto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." lnjury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Ohronio interstitial nephritis. cer" is less definite; avoid use of "Tumor" for malig-Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustlon," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Bronchopneumonia (secondary), 10 ds. Never report The contributory tetanus) may be stated under the head (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples: EX.



1 PLACE OF DEATH

SICIANS Itement of	County County 21933	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 765
CTLY, PHY	Village or City rin cess acien (No. ,	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
XA	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
stated Ely classi	3 SEX  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWED OR OIVORCED (Write the word)	16 DATE OF DEATH LOscender 2 6 , 19 15 (Month) (Day) (Year)
se proper	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
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Every item of information should state CAUSE OF D OCCUPATION is very Imp	13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place in the ef deeth
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STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

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carefully supplied. AGE should be stated EXACTLY: PHYSICIANS should state that it may be properly classified; Exact statement of OGGUPATION is very DEATH in pisin terms, so that it mi of information should be CAUSE OF Important.

N. B.

1 PLACE OF DEATH 21936

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 261

FULL NAME Emily M. Das	give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Block (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
** Tree   Tree	that I last saw have alive on the date stated above, at 7 m.  The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, er particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Duration) yrs mos ds.  Contributory Yhan Famos ds.  (Signed) (Secondary) (Signed) yrs mos ds.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, in the of death yrs, mos ds.  *Where was disease contracted, if not at place of death?  Furmer or
(Address) Srancy Smb.  16 Filed 7 1916 - D- acliences Registran	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  My (Ling 1914)  20 UNDERTAKER  ADDRESS  ADDRESS  ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the Diskask Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to the end causation), using always the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) ; Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for For VIO-EX.



# MARGIN RESERVED FOR BINDING

should state OCCUPATION PHYSICIANS RECORD PERMANENT EXACTLY. 4 INK supplied. may be p UNFADING certifical that 9 9 WITH terms, n back pinous uo plain Instructions Information See Instruction WRITE 50 Item OF Every Item CAUSE OF Important. 0 ż

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County. Registered No. ilf death occurred in .....Ward) a hospital or institution. Village or City give its NAME instead of street and oumber. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR BACE MARRIED, WIDOWED, (Month) (Day) Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Year) (Day) If LESS than 7 AGE 1 day, .....hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, er particular kind of work. (b) General nature of industry, business, or establishment in (Duration) ..... which amployed (or amployer) ..... Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country State vrs. ...... yrs. ...... mos. ...... ds. Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death? Former or usual residence DATE OF BURIAL .. 191.. 16 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

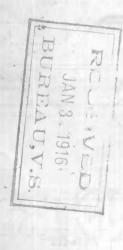
REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSINO DEATH, state occupation at beginning of iilof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speciapplies to each and every person, irrespective of age who have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for malig-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for For VIO-



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Very PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT EXACTLY. classified. 4 IS should INK-THIS properly AGE supplied. pe UNFADING may certificate. that 0 0 WITH back terms, should 6 PLAINLY See Instructions Information WRITE ō Item OF important. CAUSE m

#### 1 PLACE OF DEATH Gounty.... (No.... **2FULL NAM** PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED, (Write the word) DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than 1 day hrs OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. I.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist	. No.
2 Dryde	St.;Ward)	[If death occurred in a hospital or institution give its NAME instead of street and number.]
MEDICA	L CERTIFICATE OF	DEATH
18 DATE OF DEATH	x 7100/	2/ 1915
#*************************************	(Month)	(Day (Year)
17 I HEREI	BY CERTIFY, That I	attended deceased fro
>== ==================================	1912, to 176	, 191
that I last saw h	allye on 1990	2 7 11. 191
and that death occurred		
		above, at
The CAUSE OF DEATH		51.11
arome s	ulerselas	Mannee
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Secondary		
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(Signed)	To stull	/
150/35	(Address) At F.	1/12/00/
*State the DISEASE CAUSES, state (1) MI	CAUSING DEATH, or.	in deaths from Violer (2) whether Accide
18 LENGTH OF RESIDE	NCE (FOR HOSPITALS, I	NSTITUTIONS, TRANSIENT
At place	In the	
of death yrs mo Where was disease contracted		yrs mos
If not at place of death?		000000000000000000000000000000000000000
Former or		
usual residence	***************************************	***************************************
19 PLACE OF BURIAL	OR REMOVAL	DATE OF BURIAL
respeld Cen	welen, s	Dec. 4 th, 1915
29 UNDERTAKER		APDRESS
& Kaws	197,	sistel
		or geller

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many first line will be sufficient, e. g., Farmer or Planter, ness of various pursults can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. causino neath, state occupation at beginning of illbeen changed or given up on account of the nisease gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the misease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," nant neoplasms); Measles; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cauture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 (Recommendations on statement of Never report Ex



	Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
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3	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly classified, Exact statement of OCCUPATION is very important. See instructions on back of certificate.	6
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	1 PLACE OF DEATH	STATE OF MARYLAND
	Sunty Somerset 21939	CERTIFICATE OF DEATH
0	ounty Strucksun 61509	Registered No. 266
	0, 1, -	Ilf death occurred in
1	/illage or City Man (No,	St; Ward) a hospital or institution,
	160	give its NAME instead of street and number.}
	* FULL NAME Thornee / Ce	Vacca
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	EX 4 COLOR OR RACE 5 BINGLE,	18 DATE OF DEATH 60 BR CEL 4
0	HIDOWED,	(Month) (Day) (Year)
	ORDIVORCED (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
8	DATE OF BIATH	blee, 25 1915 to pare. 36 1915
	July 14,4	
	(Month) (Day) (Year)	that I last saw h. W. alive on
TA	GE If LESS than	and that death occurred on the date stated above, at 2 / m,
10	/vrs. 5 mas. // ds. ormin.?	The CAUSE OF DEATH * was as follows;
B .		acite neplisti
26	OCCUPATION 1) Trads, profession, or	
) pi	articular kind of work	
	) General nature of Industry, siness, or establishment in	(Ouration) yrs. mos. ds.
	ich employed (or employer)	
9 8	State or country) Julilar	Gontributory (Secondary) (Duration) yrs mos. ds.
	10 NAME OF A	folia of fall with
	FATHER Oddie Vaus	(Signed) M. D.
IS	11 BIRTHPLACE	Allenda, 191.6. (Address) / Ewell
RENT	(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
2	12 MAIDEN NAME ON A	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN- TAL, SUICIDAL, OF HOMICIDAL.
PA	OF MOTHER Mary Co. Coaces	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
	OF MOTHER (State or country) Laufur, la	of death yrs mos ds, State yrs, mos ds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	Mary G. Evous	Former or
	(Informant)	Deual residence
	(Address) Tylerlas	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15		yelerton dec. 27, 1913
FI	led Dec. 26 1915 le. V. Scheratter	20 UNDERTAKER ADDRESS
	REGISTRAR	a.15. modsleawton Ewell

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indicausing death, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—It respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unquaiified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinospinaeum, etc...

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0,0	PLACE OF DEATH	STATE OF MARYLAND
ent	County Source	CERTIFICATE OF DEATH
act statem	Village or City Confide (No	Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead
CTLY EX	FULL NAME Funling Han	of sireet and number.]
XAC fied.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
tated E y classi	Finals 4 COLOR OR RACE 5 SINGLE, MARRIED, WIOOWEO OR DIVORCED (Write the word)	16 DATE OF OEATH 12 # 13 (Month) (Day) , 191
nould be st be properly certificate	6 DATE OF BIRTH  and 10 1915	17 I HERERY CERTIFY, That I attended deceased from Mo Mer allerho 1915, to 191, 191,
AGE shou it may be back of cer	7 AGE (Math) (Day) (Year) 7 AGE   If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:
so that	(a) Trade, profession, or particular kind of work  (b) General nature of industry business, or establishment in	Marsonus Farter Stells mas Cack 2 musks (Buration) vra mos de
n term instruc	which employed (or employer)  BIRTHPLACE (State or country)  Marion Station	Contributory Secondary  (Ouration) yrs. Doos. ds.
d be	OF FATHER New Handy	(Signad) 0, e-mm, M. O.  Die 15, 191, 5 (Address) Crifico
of DEATH	12 MAIDEN NAME OF MOTHER Lizzie While	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
CAUSE ON is ver	13 BIRTHPLACE OF MOTHER (State or:country).  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of deeth yrs. mos. ds. Stete, yrs. mos. ds. Where wes disease contracted, If not all place of death?
Every item of should state COCCUPATION	(Informant) Ci. C. Mand	Former or usuel residence
B.—Eve	FIED Dec. 16, 1912 6-6. Collins, REGISTRAR	20 UNDERTAKER ADORESS Tile Lagran Rights Marian
ż		16 W. Saratoga St., Balto., Requesting V. S. No. 1.

21940

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. engaged in doniestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) ( rocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in the second statement. Never return Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Locomotive engineer, But in many cases, If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by Struck by railway train-SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Pverperal septichaemia," "Pverperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. ges, peritonaeum, ctc., Carcinoma, Sarcoma, ctc., of . . to determine definitely. Examples: Accidental drowning; cause. Always qualify all diseases resulting from childchopmeumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valeular heart disease; Chronic interstitial "Tunor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull "Senile," The contributory (secondary or intercuretc.), "Dropsy," "Exhaustion," -agrident; Revolver wound carbolic ocid-probably State cause for which Never report, mere



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. lit death occurred in .Ward) a hospital or institution, give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS CERTIFICATE OF DEATH 3 SEX 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED. ORDIVORCED (Write the word) (Day 17 I HEREBY CERTIFY, That I attended deceased from nth) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above. 1 day .....hrs. The CAUSE OF DEATH \* was as follows: ....min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) yrs. which employed (or employer) Contributory. Secondary (State or country) 10 NAME OF 11 BIRTHPLACE ARENT (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NA 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death \_\_\_\_ yrs. ..... mos. ..... ds. State Where was disease contracted. It not at place of death? Former or usual residence DATE OF BURIAL 15 % 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necwho have no occupation whatever, write Nonc. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the misease causing nearh (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meninglitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulests of lungs, meninges, peritonacum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name orlgin; "Canmia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mallgcause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or Intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustlon,"



Village or City Created (No Jence 27)	Registration Dist. No.  Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIEOUS WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from  1915, to 1915,
7 AGE (Month) (Day) (Year)  1 day, hrs.	that I last saw h salive on discounting the cause of DEATH * was as follows:
(a) Trade, profession, or particular kind of work  (b) General nature of industry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	Contributory Secondary.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	(Signed)  State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the
(Informant) Samuell (Address) Confidence (Address) Confidence (Address) (Address) REGISTRAR	of death yrs. moe. ds. State, yrs. mos. ds. Where was disease contracted, if not at piece of death?  Former or usual residence.  19 barce of Burial or Removal OATE of Burial  29 undertaker aboress
	Village or City  2 FULL NAME  PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE SINGLE, MARRIED WIDOWED OR DIVORCED OR DIVORCED (IV rise the word)  5 DATE OF BIRTH  (Month)  7 AGE  11 LESS than 1 day, hrs.  (a) Irade, profession, or particular kind of work  (b) General nature of industry business, or establishment in which employed (or employer)  9 BIRTHPLACE OF FATHER  10 NAME OF FATHER  11 BIRTHPLACE OF MOTHER  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  (Address)  (Address)  (Address)

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as Al school or Al home. Care should be precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupationmany occupations a single word or term on the For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in -Precise statement of occupa-If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," and consequences (e. g., sepsis, telanus) may be stated snicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, OF HOMICIDAL, or as probably such, if impossible birth or miscarriage as "PUERPERAL septichaemia," "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," symptoms or terminal conditions, such as "Asthenia," chopueumonia (secondary), 10 ds. Never report nicre Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. The contributory (secondary or intereurcough; Chronic subular heart disease; Chronic interstitial "Tunior" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... rent) affection need not be stated unless Always qualify all diseases resulting from child-"Senile," etc.), "Dropsy," "Atrophy," "Exhaustion," important.



N. B.-

County Cristell (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEXY COURT OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCE (Write the world)	16 DATE OF DEATH (Month) (Day) , 1915 (Year)  17 I HEREBY CERTIFY. That I attended deceased from
(Month) (Day) (Year)  7 AGE (Month) (Day) (Year)  7 AGE (Month) (Day) (Year)  1 day, hrs.  OR min.?	that I last saw h are on 191, and that death occurred on the date stated above, at 6.0 m.  The CAUSE OF DEATH ** was Is follows:  You door why Jarrent
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF A ILIUS HOTSLY  11 BIRTHPLACE OF FATHER (State or country) Orifield Ma  12 MAIDEN NAME Edna Morgan  13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, of An deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.  *SLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place in the of death yrs. mos. ds. State, yrs. mos. ds.
(Informanf)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)	Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  LOUISANIO  20 UNDERTAKER  ADDRESS  A LOUISANION  A LOUI
REGISTRAR  If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health-Association.]

or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be precise specification as Day loborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiknow (a) the kind of work and also (b) the nature of the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupayrs.). For persons who have no occupation whatever, Coal mine, etc. Women at home, who are engaged in many occupations a single word or term on the Stationary fireman, etc. But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," I.obar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee cause. on Nomenclature of the American Medical Association.) under the head of "Contributory." and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by Struck by railway train-accident; to determine definitely. Examples: Accidental drowning. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerpenal personities" etc. State cause for which birth or miscarriage as "Puenperal septichaemia," etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bron-(name origin; "Caneer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ..... chopneumonia rent) affection need not be stated unless important nephritis, etc. cough; Chronic vulvular heart diseose; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping "Old Age," "Shock," Always qualify all diseases resulting from child-(secondary), 10 ds. Never report more The contributory (secondary or intercur-"Uracmia," "Weakness," carbolic acid-probably Revolver (Recommendations "Atrophy," wound of ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 5-1916 BUREAU, V.S.

#### BINDING MARGIN

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very PERMANENT UNFADING INK-THIS IS Every Item of Information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be pimportant. See instructions on back of certificate. WRITE PLAINLY, WITH

RECORD

#### No. 1. σĝ

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1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 26 /

Vil	lage or Gity	1 NAME	E		E. Johnson	Ward)	[It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSO	NAL AND STATISTI	CAL PARTICUL	ARS	MEDICAL CER	TIFICATE OF	DEATH
3 51	Female	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDDWED, DRDIVDRCED (Write the WO	Wadowed ord)	0.007.00.0000.0000.0000.0000.0000.0000.0000.0000	(Month)	7-6 ,1915 (Day (Year)
6 D	ATE OF BIRTI	of Month			that I last saw h alive on	, to 122	
7 A		43 yrs. 8	mos ds.	If LESS than 1 day,hrs. ORmin.?	and that death occurred on the The CAUSE OF DEATH* was	The same of the sa	bove, atm,
(b) bus whi	Trade, protession rilcular kind of wo General nature of ciness, or establich employed (or ERTHPLACE (State or cou	rk	mind	-1/	Contributory Luste	(Duration)	yrsmosds.
PARENTS	12 MAIDEN OF MOT	ACE REPORT COUNTRY)  NAME HER  Clique  ACE	omera	men Jeo	(Signed)	G DEATH, or, in INJURY; and In the	in deaths from Violent (2) whether Accidentations, Transients,
	(reformant)	H, From		LEDGE	Where was disease contracted, if not at place of death?  Former or usual residence.		
15 Fil	0	mon - 191 6 F.		•••••••••••••••••	20 UNDERTAKER  LEVILLE CECLUS  20 UNDERTAKER  LEVILLE CECLUS		ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

dnties of the household only (not paid Housekeepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first live will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Lahorer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherta (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cauthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) canse of death approved by Committee on Nomencla-"Coutributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failurc," "Haemorrhage," "Juanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. affection ueed not be stated unless important. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head State cause for Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

ORD	N.B Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	
REC	PHYS	t of O	
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	EXACTLY.	ct statemen	
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Someral 21944

#### STATE OF MARYLAND CERTIFICATE OF DEATH

	10- 1	Registration Dist. No.
Viii	age or City Dans And and	St; Ward) a hospital or institution,
	FULL NAME & Smer J	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	Al. B Single,  MARRIED,  WIDDWED,  ORDINARCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DAT	(Month) (Day) (Year)	12 12, 1915; to Dec 14, 1915; that I last saw him allve on Dec 12, 1915;
7 AGE	It LESS than 1 day, hrs.	and that death occurred on the date stated above, at 12/11 A,m,
	yrs. / O mos. ds. OR min.?	The CAUSE OF DEATH* was as follows:
(a) Fr	ade, protession, or	I Invoping to onga
(b) 6 busine	eneral nature of Industry, ss, or establishment in employed (or employer)	(Ouration) yrs. mos. ds.
9 BIR	THPLACE te or country)	Contributory Community (Secondary)  (Secondary)  (Daration)  (Daration)  (Daration)  (Daration)  (Daration)
	ONAME OF GLANGE Lovies	(Signed) , M. D.
	1 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
PA	<sup>3</sup> BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds.
	tormant)	Where was disease contracted, It not at piace of death?  Former or usual residence.
15 Filed.	Dec 13, 1915 We Da Kelly REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  ADDRESS  FIRED Newsley  Delta Siland

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio ter" is less definite; avoid use of "Tumor" for malk-Bronchopneumonia (secondary), 10 ds. Sarcoma. etc., of \_ The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-The nature of the Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 6-1916 BURBAU, V.S.

PERMANENT BINDING 4 2 FOR THIS ۵ Ш SERV UNFADING R MARGIN WITH WRITE PLAINLY,

> No. i

Very

state OCCUPATION IS should Registration Dist. No. PHYSICIANS St ;.....Ward) Village or City RECORD <sup>2</sup> FULL NAME of PERSONAL AND STATISTICAL PARTICULARS statement EXACTLY. 5 SINGLE, 4 COLOR OR RACE 3 SEX MARRIED. WIDOWED, Write the word) 6 DATE OF BIRTH stated 32 ciassified. (Day) (Year) (Month) be If LESS than 7 AGE should 1 day .....hrs. OR ..... min. ? AGE sh properly ROCCUPATION (a) Trade, profession, or particular kind of work carefully supplied.

o that it may be possible of certificate. (b) General nature of industry, business, or establishment in which employed (or employer) that it m 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 80 0 pe PARENTS terms, on back 11 BIRTHPLACE OF FATHER (State or country) should 0 12 MAIDEN NAME piain of information s DEATH in piain See Instructions OF MOTHER OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO EST OF See CAUSE OF Important. Address) B REGISTRAR ż

If more blanks are needed, address State Registrar, 6 E

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

fif death occurred in

a hospital or institution,

give its NAME Instead of street and number.]

		F DE		
16 DATE OF DEATH	Dec (Month)		(Day)	., 1915
17 I HEREBY	CERTIFY, That		ded dec	eased from
Dec. 7 , 191	4. to 18 e	e. S		
hat I last saw h / allve				, 191 5
nd that death occurred on	the date stated	above	e, at/	0 /3 m.
ne cause of death* w Bulbar		jas	خ	
Contributory Su a	(Duration)	yrs	- m	os ds.
	//			
	(Duration)	vre	117	ne de
500 8				
(Signed) & S. S.				
0	infr	20	ч	, M. D.
0	dress) 6.2  SING DEATH, OF, OF INJURY: AN	go.	u cc	, M. D.
*State the DISEASE CAU CAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICE 18 LENGTH OF RESIDENCE	dress) 6.7  Sing Death, or, of Injury; and	n der	aths from	N. D.  NIOLENT ACCIDEN
*State the DISEASE CAUCAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICI **BLENGTH OF RESIDENCE OR RECENT RESIDENTS	dress)	n der	aths from	N. D.  NIOLENT ACCIDEN
*State the DISEASE CAU CAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICE 18 LENGTH OF RESIDENCE	dress)	in der	the from whether	VIOLENT ACCIDEN-
*State the DISEASE CAUGASS, state (1) MEANS TAL, SUICIDAL, OF HOMICE OR RECENT RESIDENCE OF RECENT RESIDENCE OF death yrs. mos	dress)	in der	the from whether	N. D.  NIOLENT ACCIDEN
*State the DISEASE CAUGASS, state (1) MEANS TAL, SUICIDAL, OF HOMICE OR RECENT RESIDENCE OF RECENT RESIDENCE OF death yrs. mos. Where was disease contracted, if not at place of death?	dress)	in der	the from whether	VIOLENT ACCIDEN-
*State the DISEASE CAUCAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICE OF RECENT RESIDENCE OF RECENT RESIDENCE OF death yrs. mos. Where was disease contracted, if not at place of death?	dress)	in der	the from whether	n VIOLENT ACCIDEN-
*State the DISEASE CAUGASS, state (1) MEANS TAL, SUICIDAL, OF HOMICE OF RECENT RESIDENCE OF GREEN TRESIDENCE OF death yrs. mos. Where was disease contracted, if not at place of death?  Former or usual residence	dress)	in der d (2)	aths from whether	D VIOLENT ACCIDENT
*State the DISEASE CAUCAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICE OF RECENT RESIDENCE OF RECENT RESIDENCE OF death yrs. mos. Where was disease contracted, if not at place of death?	dress)	in der d (2)	aths from whether rutions,	VIOLENT ACCIDENT
*State the DISEASE CAUCAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICE OR RECENT RESIDENCE OR RECENT RESIDENCE OF BURIAL OR ITS PLACE OF	dress)	in der d (2)	aths from whether rutions,	D VIOLENT ACCIDENT
*State the DISEASE CAUCAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICI OR RECENT RESIDENCE OR RECENT RESIDENCE OF RESI	dress)	In dead (2)	aths from whether rutions,	VIOLENT ACCIDENT
*State the DISEASE CAUCAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICE OR RECENT RESIDENCE OR RECENT RESIDENCE OF BURIAL OR ITS PLACE OF	dress)	In ded (2) Instruction yr	aths from whether rutions,	VIOLENT ACCIDENT

[Approved by L. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the nisease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. Never return "Laborer," material worked on may form part of the second it should he used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication. as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease it is and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla. injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitie," etc. State cause for childbirth or misearriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile." etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg ture of the American Medical Association.) "Contributory." sepsis, tetanus) by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness." thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) may be stated under the head (Recommendations on statement of (name origin; "Can Examples: For vio-



WATE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RESOR

-Every item of information should be carefully supplied. AGE should be stated EXACTLY PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.

	1 PLACE OF DEATH	STATE OF MARYLAND
Cour	Lowered 21946	CERTIFICATE OF DEATH
	anisino Dudi Idi	Registration Dist. No. 26
Villa	ge or City (No. / Whomas	St.; Ward) [If death occurred in a hospital or institution,
	2 FULL NAME Dorgening	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s E	MARRIED,	16 DATE OF DEATH 1015
to	Mindle Negro Reproductor	(Month) (Day) (Year)
6 DA	TE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	Murch 28 ,1915	that I last saw hely alive on Dec. 23, 1915,
-7 AG	(Month) (Day) (Year)  E If LESS fhan	and that death occurred on the date stated above. a 5:20 m.
-	vrs 8 mas 26 ds OR min.?	The CAUSE OF DEATH * was as follows:
8.0	COUPATION	718
1 1 1 2	a) Trade, profession, or trait and arrived and the state of work.	whomping conery
(b	o) General nature of industry siness, or establishment in the distribution of the employed (or employer)	(Buration) yrs. mos. 23 ds.
	(State or country) Cushold, Will.	Secondary Secondary
	10 NAME OF Edward Jours	(Signed) (Si
NTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEADIL, or, in deaths from VIOLENT
PARENTS	12 MAIDEN NAME OF MOTHER AL MINISTER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
4	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, INANSTENTS, At place In the of deathyrsmosds. State,yrsmosds.
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not all place of deeth?
	(Informant) Maggel Javea	Former or usuat residence
	(Address) briefeld mid	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
15 Fil	0/2/25-, 191 J-MH6 rubon	20 UNDERTAKER ADDRESS Brishild
	If more blanks are needed, address State Registrar, 1	16 W. Saradoga St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Collon Housemaid, etc. If the occupation has been changed "Foreman," "Manager," "Dealer," etc., without more of the second statement. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, ctc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Women at home, who are engaged in Never return "Laborer," If retired from

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," neumonia, indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull, state means of injury and qualify as accidental, suicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: on statement of cause of death approved by Committee under the head of "Contributory." heod-homicide; Poisoned by Struck by railway train-accident; Revolver wound of surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," chopmeumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of . . . . . "Anaemia" nephritis, etc. cough; Chronic valendar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "Publiperal septichacmia," nia" (merely symptomatic), "Atrophy," "Col"Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurcarbolic acid-probably (Recommendations

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 5-1916 BUREAU, V.S. 1 PLACE OF DEATH

County Somerset 21347	CERTIFICATE OF DEATH
	A Gileron Building Registration Dist. No.
Cristield Jud 5- James	Jersey [If death occurred in
Village or City (No. (No.	ward) a hospital or institution,
5. 01 1	give Its NAME instead of street and number.
2 FULL NAME Proger Wolfard	, aug
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH Wes, 3 1915
Mule nevro GR DIVORCED	(Month) (Day) (Year)
(Write the word)	17   HEREBY CERTIFY, That   attended deceased from
6 DATE OF BIRTH	NC, 3 ,1916 , to 8 ,1915 ,
(Month) (Day) , 1 973 (Year)	that I last saw h fun alive on
7 AGE If LESS than	and that death occurred on the date stated above, at 10.30 kg.
2. 16 1 day, hrs.	The CAUSE OF DEATH * was as follows:
yrs, mos. os. or min. r	Richets
(a) Trade, profession, or hut anne	
Oparticular kind of work	· · · · · · · · · · · · · · · · · · ·
(b) General nature of Industry business, or establishment in	(Buration) yrs. 2 mos. ds.
which employed (or employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
	- (Buralion) yrs. mos. ds,
10 NAME OF Ruger / du,	(Signed) . The Markey, M. O.
M 11 BIRTHPLACE	We. 5 1915 (Address 309 West hid. we.
Z OF FATHER (State or country)	*State the Dispase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  A MAIDEN NAME OF MOTHER  A MAIDEN NAME OF MOTHER	Suicinal or Homicidal.
a Hanne ofrekman	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER	At piece In the
(State or country)	of deathmosds. State,mosds.  Where wes disease contrected,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) formed R Meny	Former er usual residence
(Address) Chrispiel marshand	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Mildi 622)	Branch Web, 1916
(5) /2/1 5-11/16 ould oul	20 UNDERTAKER ADDRESS
Filed , 191	Garnett Q Brown 215744 84
	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery: (a) Foremon, only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (o) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary firemum, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, prespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-The material worked on may form part Never return "Laborer," Locomotive engineer, (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

mus," on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichumia," "Puerperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the ges, peritonaeum, etc., Carcinoma, Sareoma, etc., of . . . . . on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull heod-homicide; Poisoned by carbolic ocid-probably cause. Always qualify-all diseases resulting from child-"Heart failure," "H. emorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," lapse," "Coma," "Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valendar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound of "Old Age," "Shock," (merely symptomatic), The contributory (secondary or intercur-"Convulsions," "Atrophy," "Col-"Uracmia," "Weakness," Never report mere

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JAN 5-1916 BURBAU, V.S. MARGIN RESERVED FOR BINDING

OCCUPATION IS PHYSICIANS statement FNI Exact classified. properly supplied. pe may that 90 back terms, plain Hons 드 Instruc of inform DEATH See instri OF Every item CAUSE OF important.

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in Ward) a hospital or institution, give its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. widowed, ordiverceb (Write the word) (Month) (Day I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Year) TAGE If LESS than and that death occurred on the da 1 day....hrs. SOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ..... Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place In the of death ...... yrs. ..... mos. ..... ds. State ..... yrs. \_ Where was disease contracted. If not at place of death? Former or (Informant) usual residence 16

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illwho receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gaiufully employed, as At school or At home. Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive it should be used only when needed. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," engineer, (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubereucisis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) canse of death approved by Committee on Nomencla-"Coutributory." such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemla" (merely symptomatic), "Atrophy," sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of...... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 " "Coma," "Convulsions," "Debility" ("Con-(Recommendatious on statement of "Dropsy," "Exhaustion," State cause for Never report ds.;



BINDING FOR RESERVED MARGIN

No. ú

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PHYSICIANS should state of OCCUPATION is very RECORD Exact statement PERMANENT stated EXACTLY. carefully supplied. AGE should be st that It may be properly classified. 4 UNFADING INK-THIS IS certificate. PLAINLY, WITH See Instructions on back of information should CAUSE OF Important.

PLACE OF DEATH		4
County Sommet	21949	(3)
Village or City MH Dura	YNo.	0

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or Institution, give its NAME instead

FULL NAME	2 or street and thember.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Freecal Mach Single,  MARRIED WIDDWED,  ORDIVERCED (Write the word)	18 DATE OF DEATH 27, 1915. (Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from 191, to 27, 191.5.
(Month) (Day (Year)	that I last saw hallve on, 191
7 AGE   If LESS than 1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work	(Ouration) yrs mos ds.
9 BIRTHPLACE (State or country)	Contributory
10 NAME OF Earl Malelyre	(Signed) (Si
11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from Violent
of Mother arre	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the of death
14 THE ABOVE IS TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Princees Union Day	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL /2 - 27, 191.6
Filed Del 2 4, 1913 Silb Marsh	20 UNDERTAKER ADDRESS

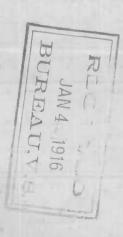
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report For vio-



County Dillago on Sity (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 ING. WHOVE D. WHOVE D. WHOW ED. WHO YED. WHOW ED. WHO YED. WHO YED	(Month) (Day) (Year)  I HEREBY CERTIFY, That I attended deceased from 191 , 191 , 191 , 191 , and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry business, or establishment in which employed (or emplayer)	(Durallon) yrs. mos. ds.
9 BIRTHPLACE (State or country)  10 AND FOR MANAGEMENT OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MARGEN NATURE VOLUMENT  13 BIRTHPLACE OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, Or, is deaths from Violent CAUSES, state (1) MEANS OF INJURY; and whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al place In the
(State or country)  14 THE ABOVE IS PRUE TO THE BEST OF MY KNOWLEDGE  (Information of the country)  (Aldress):  REGISTRAR  If more blanks are yeeded, address State Registrar,	of death yrs. mos. ds. Slale, yrs. mos. ds. Where was disease contracted, If not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  ADDRESS  ADDRESS  ADDRESS  16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mobile factory. The material worked on may form part of the second statement. Never return "Laborer," state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook. employed, as At school or At home. Care should be the duties of the household only (not paid Housekeepers precise specification as Day laborer, Furm luborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiwrite None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer," is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, applies to each and every person, irrespective of age. ness of various pursuits can be known. For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If the occupation has been changed Architect, Locomotive engineer, etc., If retired from without more The question (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, meningualified, is indefinite); Tuberculosis of lungs, meningualified, is indefinite);

genital," on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, klanus) may be stated suicide. The nature of the injury, as fracture of skull, state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of . . . on Nonienclature of the American Medical Association.) head-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if inpossible "Puerperal peritonitis," birth or miscarriage as "Puenperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," chopmeumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephraus, etc. cough; Chronic vulvular heart disease; Chronic interstitial (name origin; "Cancer" is less definite; avoid use of to determine definitely. Examples: Aecidental drowning; by railway train-accident; Revolver "Coma," "Senile," etc.), The contributory (secondary or intercur-"Convulsions," "Debility" ("Conetc. "Dropsy," "Exhaustion," carbolic acid-probably State cause for which Never report mere "Atrophy," mound



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ated EXACTLY. PHYSICIANS should state Exact-etatement of OCCUPATION is very classified. properly carefully supplied. DEATH in plain terms, so that it m See instructions on back of certificate. DEATH in CAUSE OF important.

1 PLACE OF DEATH



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Sf	 Ward)

Ilf death occurred in a hospital or institution, give its NAME Instead of street and number.]

me

FULL NAME	W:6	Chan	Possit
FULL NAME		Orma	Jocette

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Tenue 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, ORONOGED (Write the word)	(Month) (Day (Year)  17 . I HEREBY CERTIFY. That I attended deceased from
(Month) (Day (Year)	that I last saw h 2 allve on Decent 17, 1915
7 AGE    1 LESS than   1 day,	and that death occurred on the date stated above, at 13 Mm.  The CAUSE OF DEATH* was as follows:  Rephrits
(a) Trade, profession, or particular kind of work  (b) General nature of industry,	
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Secondary Ofout 1 afear (Duration) yrs mos ds
10 NAME OF FATHER POLET  VI 11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Buration) yrs mos ds.  (Signed) (Buration) yrs mos ds.
13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  Merel homes	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs, mos. ds. State yrs, mos. ds
(Interment)	Where was disease contracted, If not at piace of death? Former or usual residence
(Address) fruess fre Flied 17/20 ,1915 - ? Smith REGISTRAR	20 UNDERTAKER ADDRESS  OUNDERTAKER ADDRESS  OUNDERTAKER ADDRESS
If more blanks are needed, address State Registr	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Censns and American Public Health Association.]

cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid deumonia"); Lobar pucumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucists of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. Exnant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclamia," "PULEFFERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaecte, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitiou," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse," "Coma," "Couvulsions," "Debility" ("Conample: The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Mcasics (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



PLAINLY, WITH UNFADING INK-THIS

PERMANENT

N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is year important. See instructions on back of certificate.

#### V. S. No. 1.

WRITE

21952

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

	near of	P'1-
Village or	City Poromotion	- City

St.;---Ward)

Ilf death occurred in a hospital or lostitution, give its NAME instead of street and nomber.]

\*FULL NAME Sallie Matilda Powell

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h ex alive on Occ 10, 1915
7 AGE It LESS than t day,hrs.	and that death occurred on the date stated above, at
OCCUPATION (a) Trade, profession, or particular kind of work.	- Juveniloss
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration)
State or country)	Contributory Secondary
10 NAME OF Just S. Dry den	(Signed) (Duration) yrs mos os.
11 BIRTHPLACE OF FATHER (State or country)  12 Maiden of Mother OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
of MOTHER Charlotte Goston	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country)	At place of deathyrs mos ds. State yrs mos ds Where was disease contracted,
(interment) Cont (interment)	If not at place of death?
(Address)	Mehofoth Trest Com 12 20 1915
Filed 12-20, 1915- Caforli	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has who have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), Measics (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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STATE OF MARYLAND Very CERTIFICATE OF DEATH omers PHYSICIANS should of OCCUPATION IS Registration Dist. No. Ilt death occurred it .Ward) a hospital or institution give its NAME instead Elsworth Fowell's of street and number.] statement PERSONAL AND STATISTICAL PARTICULA MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVORCE (IVrite the word) (Month) I HEREBY CERTIFY, That I attended decessed from classifled. TAGE if LESS than f day .....hrs. OR ... .. min. ? .mes. properly BOCCUPATION (a) Trade, profession, or particular kind of work pe (b) General nature of Industry, business, or establishment In may (Duration) which amployed (or amployer) -----9 BIRTHPLACE (State or country) Contributory Secondary that 10 NAME OF 80 0 back terms, PARENTS 11 BIRTHPLACE (Address) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 0 12 MAIDEN NAME plain instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) = 13 BIRTHPLACE At place In the OF MOTHER (State or country) EATH of death yrs. State \_ Where was disease contracted. See If not at place of death? 9 Former or OF Every Item CAUSE OF Important. usuai residence PLACE OF BURIAL OR REMOVAL DATE OF BURNAL 15 ., 19tā ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be tudi-Women at home, who are engaged in the As examples: (6)

Statement of cause of death—Name, first, the disease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) a Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertaized as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," theuia," "Auaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronio oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or misearriage as "Puerperal septichae-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasis less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) death), 29 ds., "Exhaustion," For Vio-



V. S. No.

.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. B.

Village or City Crisfield (No. 21954)  *FULL NAME MANY S. O	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward)  [It death occurred to a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 9 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)
OATE OF BIRTH  See 25, 1872  (Month) (Day (Year)	that I last saw h alive on 1915.  and that death occurred on the date stated above, at m,
a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	The GAUSE OF DEATH* wss as follows:  Ulerung Jenuaritage  (Duration) yrs mos / ds.
10 NAME OF FATHER Mr. Green	Contributory Contributory Secondary  (Boration) yrs f mos ds.  (Signed) Coalling, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 MAIDEN NAME OF MOTHER  15 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  (Address)	of death yrs. mos. ds. State yrs, mos. ds  Where was disease contracted,  If not at place of death?  Former or  usual residence.  19 PLACE OF BURIADOR REMOVAL  Cecifical Censeley  ADDRESS  ADDRESS  Custified
The many blanks and the second	- July

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers additional line is provided for the latter statement; cases, especially in industrial employments, It is nec-Civil engineer, Stationary fireman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold diseasen); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and quality as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can-Bronchopmeumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from For vio-



### of certificate. See Instructions on back

PHYSICIANS should state of OCCUPATION is very

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Item OF Important, Every It

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(Address) .--

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RECORD

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UNFADING INK-THIS

PLAINLY, WITH

WRITE

1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) DATE OF BIRTH (Month (Day (Year) TAGE If LESS than 1 day 3 hrs. mos. BOCCUPATION (a) Trade, protession, or (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)



CERTIFICATE OF DEATH

If death occurred la

1	.St.;ward	give its	or institution, NAME Instead and number.]
MEDICAL	GERTIFICATE	OF DEATH	
16 DATE OF DEATH	blee		, 1915
	(Month)	(Day	(Year)
17 I HEREBY	CERTIFY, That	l attended de	ceased from
accommence	91, to	************************	, 191
that I last saw hal	live on	•••••	, 191
and that death occurred	an the data state	d above of	
The CAUSE OF DEATH*		d abore, at	
		. Ched	
Remales	u osi	ny	************
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	**************************************		
000000000000000000000000000000000000000	(Duration)	yrs	mosds.
Contributory			
Secondary	•••••••••••	# * * * * * * # * # # * # * # # # # # #	*************
	(Duration)	yrs	mosds,
(Signed) Veor	290 (8/8)	rullou	120 U B
1		,	/
	(Address)		
*State the DISEASE C CAUSES, state (1) MEA TAL, SUICIDAL, OF HOME	CAUSING DEATH, CANS OF INJURY; CIDAL.	or, in deaths fr and (2) wheth	om VIOLENT
18 LENGTH OF RESIDEN OR RECENT RESIDENTS)	CE (FOR HOSPITAL	s, Institutions	TRANSIENTS,
At place	In the		
of death yrs mos.		yrs,	mos ds
Where was disease contracted,			
If not at place of death?	*************************	*****************	***************
usual residence	***************************************	. 80 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	••••••
19 PLACE OF BURIAL O	RREMOVAL	DATE OF B	URIAL
MEn Wislow	my .	17/2	7 , 1915
20 UNDERTAKER		ADDRESS	1

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

(lusur

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," genltal," "Scnlle," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or mlscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

V. S. No. 1.

	Coun	ty Somersch 21956 (	(00)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2
	Villa	ge or City No. (No. (No. (No. (No. (No. (No. (No.	R	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
		PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
	3 SE	Vale 4 20 ADR OR RACE 5 SINGLE, WINDWEST OR DIVERSITY OF CHILD AND WEST OF CHILD AND WORLD AND W		OF DEATH (Month) (Day) (Year)
certificate	6 DA	TE OF BIRTH  (Month)  (Day), 1889  (Year)	***************************************	I HEREBY CERTIFY, That I attended deceased from , 191, to , 191, 191, 191, 191,
back of c	7 AG		76 2	t death occurred on the date stated above, atm.
no suc	pa (a	CCUPATION 1) Trade, profession, or Pharmacist ricular kind of work Pharmacist	30	Hereise Vistor
loction .	pa	) General nature of industry siness, or establishment in lich employed (or employer)		Durstion yrs mos ds.
e instructi		(State or country) Eniofield, Ald.		ributory ndary (Burstion) yrs. mos. ds.
it. Se	10	10 NAME OF Richard Dr. Reese	(Signed)	my Could ogree
importar	RENTS	11 BIRTHPLACE OF FATHER (State Or, country)  12 MAIDEN NAME  12 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME  1	Cause	State the Disease Causing Death, or, in deaths from Violent ess, state (1) Means of Injury; and (2) whether Accinental, bal or Homicidal.
is very in	PA	of MOTHER Mary 6. Swringston.  13 BIRTHPLACE OF MOTHER (State of country) Maryland.	OR REC	TH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, CENT RESIDENTS)  In the
CCUPATION	14 T	(Informant) Marry & Mese	Where was	disease contracted, sleee of death ?
OCCUP	15	(Address) Crestill And	Crest	eld Cinelery Dec 102, 1915
	FI	REGISTRAR  If more blanks are needed, address State Registrar,	20 UNO	Lawson Crispeld

[Approved by U. S. Census and American Public Health Association.]

-- Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Solesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary freman, etc. cian, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, c. g., Farmer or Planter, Physition is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," Housework, or At Home, and children, not gainfully For persons who have no occupation whatever, But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, meningualified, is indefinite); Fuberculosis of lungs, meningualified,

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably birth or miscarriage as "Puenperal septichuemia," "Puenperal peritonitis," etc. State cause for which "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conto determine definitely. Examples: Accidental drowning. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," chopmeumonia (secondary), 10 ds. nephrilis, etc. The contributory (secondary or intereur-"Heart failure," "Haemorrhage," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless cough; Chronic valudar heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of. "Tumor" for malignant neoplasms); Measles, Whooping (name origin; "Cancer" is less definite; avoid use of "Inauition," "Maras-Never report mere ACCIDENTAL, important.



BINDING

FOR

RESERVED

MARGIN

V. S. No. 1.

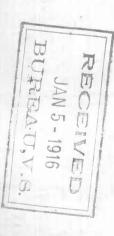
	PLACE OF DEATH County Loneisel 21957  Village or City New Piners and (No. , Piel	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 260  St.; Ward)  [If death occurred in a hespital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS  3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
	7 AGE (Month) (Day) (Year)  7 AGE (Month) (Day) (Year)  1 day, hrs. OR mlo.?	that I last saw had alive on Lea The 1915 and that death occurred on the date stated above, at the man The CAUSE OF DEATH * was as follows:
0	particular kind of work  (b) General natore of industry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  Maryland  12 MAIDEN NAME  12 MAIDEN NAME	(Signed) Contributory (Burstion) yrs mos 9 ds  Contributory (Burstion) yrs mos 9 ds  (Signed) Rac Ld, Calcino Death, or, in deaths from Violent Causes, state (1) Mens of Injury; and (2) whether Accidental, Suicidal or Homeidal,
	of Mother Manky M. Thochley  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Sand J. Michaelson, (Address) Falisbury, Md. P.D.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, ON RECENT RESIDENTS) At place of desth yrs. mass. ds. Stats, yrs. mes. ds. Where was dissess contracted, if out at place of death? Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  M. M
	Filed 17/9 14, 191 5 PRECISTRAR  If more blanks are needed, address State Registrar, 16	20 UNDERTAKER  THE HILL YSUNSON CO Falerbury mg.  6 W. Saratoga St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

6 yrs.). For persons who have no occupation whatever business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, ctc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) (irocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Couon is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Coal mine, etc. The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of tungs, menin-

Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible genital," "Senile," etc.), "Dropsy," Exnausiou, "Heart failure," "Haemorrhage," "Inanition," "Marasnephritis, etc. The contributory (secondary or intercur-on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "PUERPERAL septichaemia," mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) state MEANS OF INJURY and qualify as ACCIDENTAL, cause. etc., when a definite disease can be accertained as the Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull "Convulsions,"



	1 PLACE OF DEATH	STATE OF MARYLAND
	Somewel 21958	CERTIFICATE OF DEATH
Cour	ity All UU	
	4 0, 0	Registration Dist. No.
Vilia	uge or City Near Piners Care (No	St.; Ward) [If death occurred in
W 1115		a nospitat of institution,
	Maris Elizabell to	Pickaedson great and number.
	FULL NAME	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, MALLIER	16 DATE OF DEATH Decase 6 1015
X.	WIOOWED OR OIVORCED	(Month) (Day) (Year)
16	(Wrste the Word)	17 I HEREBY CERTIFY, That I attended deceased from
O DA	TE OF BIRTH	Kodeen 75 1918 to Dec 6 1015
	1	1 /Ma 374 -
7 AG	(Month) (Day) (Year)	that I last saw h An alive on Wood of h , 1910,
. AG		and that death occurred on the date stated above, at
	about 60 yrs mes ds OR min.?	The CAUSE OF DEATH * was as follows:
8/0	CCUPATION	Meurones
	) I rade, profession, or	,
	rticular kind of work	
bu	siness, or establishment in	(Buration) yrs. moe. // de.
	nich employed (or employer)	9-6-1
9 B	(State or country) Manyland	Secondary
	10 NAME OF PATHER ON NIPSK	(Signed) Plas. (W. Lettercongf), M. O.
u	your will	2 / 1 / 5
+	of FATHER (State or country) Maryland	*State the DISKASE CAUSING DEATH, or, in deaths from VIOLENT
PAREN	12 MAIDEN NAME A I P	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
PA	OF MOTHER MY PEROWN	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)  My know	OR RECENT RESIDENTS) Al place In the et daath
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes disease ceetracted,
	CO. 10 91 11 N	If not al place of death?
	(informant) Clyst J. Mull r	ueeel reeldence
	Anlinkum ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
-	(Address) & ausung , Ma	Green Vill Quel Vinnies Co. 17/8/15
15	13/2 mg Minich	20 UNDERTAKER ADDRESS,
Fil	00 1 1 191 0	To TUIDE WILLOW CA Lelishing 12 1
	PEGISTRAR	The first of walling has
	If more blanks are needed, address State Registrar, 1	10 W. OBIRUGE DU, DEIW. HEQUESUNG V. D. NO. 1.

[Approved by U. S. Census and American Public Health Association.]

engaged in domestic service for wages, as Servant, Cook write None. 6 yrs.). business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekespers employed, as At school or At home. Care should be precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when necded. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, ctc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Coal mine, etc. For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in As examples: (a) Spinner, (b) Cotton Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, meninunqualified, is indefinite);

genital," suicide. The nature of the injury, as fracture of skull, birth or miscarriage as "Puerperal septichacmia," "Puerperal peritonitis," etc. State cause for which chopneumonia (seeondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deates mus," "Old Age," "Shock," "Uraemia," "Weakness," rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ..... on Nomenclature of the American Medical Association.) under the bead of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably Struck to determine definitely. Examples: Accidental drowning; cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrbage," "Inanition," "Maraslapse," "Coma," "Anaemia" Example: Measles (disease causing death), 29 ds.; Bron-(name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound Always qualify all diseases resulting from ebild-"Senile," etc.), (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercur-"Dropsy," "Atrophy," "Col-"Exhaustion," ("Con-



7. S. No.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County Soulse 21959	STATE OF MARYLAND CERTIFICATE OF DEATH
VIIIage or City Dames anather,	Registration Dist. No.  [If death occurred is a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  B SINGLE,  MARRIED,  WIDOWED,  OR DIVERCED  (Write the word)	16 DATE OF DEATH  (Month) (Day), (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY GERTIFY, That I attended deceased from
TAGE  If LESS than 1 day,hrs.  yrs. mos. ds. OR Q. min. ?  GOCCUPATION  (a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	and that death occurred on the date stated above, at
9 BIRTHPLACE (State or country)	Contributory (Secondary)
11 BIRTHPLACE OFFATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAME OF MOTHER  11 BIRTHPLACE OF FATHER OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  11 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER	(Signed) , M. D.  (Signed) , M. D.  (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place 10 the of death 7rs. mos. ds. State 7rs. mos. ds.
(Intermant) A CONTRACT OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?————————————————————————————————————
(Address) Danesandi	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Flied, 191	Ordered Coungled the Chance

[Approved by U. S. Census and American Public Health

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, ecc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for ture of the American Medical Association. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, -Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles affection need not be stated unless important. mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (disease causing terminal conditions, such as "As-"Dropsy," \_\_ (name origin; "Candeath), 29 "Exhaustion," Examples: For VIO-



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#### PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. Ilf death occurred in Ward) a hospital or Institution, give its NAME Instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. DATE OF DEATH MARRIED. WIDDWED. (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which amployed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE (Address OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_ mos. \_ State \_\_\_\_\_ yrs, \_\_\_ Where was disease contracted. THE ABOVE IS KNOWLEDGE If not at place of death?. Former or usual residence DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: ness. If retired from business, that fact may be indi-CAUSING NEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. who have no occupation whatever, write None. been changed or given up on account of the misease Scrvant, Cook, Housemaid, etc. If the occupation has mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, material worked on may form part of the second it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the DISTARD CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



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Coun	PLACE OF DEATH  Ay Society 21961	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Villag	ge or City Oriale (No. ,	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE:	TE OF BIRTH  Oct 18 1914	16 DATE OF DEATH  (Month)  (Day)  (Year)  17 I HEREBY CERTIFY, That I attended deceased from  18 July 30 4 1915, to 12 1915,  that I last saw human alive on 12 1915.
(Month) (Day) (Year)  7 AGE   if LESS than 1 day, hrs. or min.?		and that death occurred on the date stated above, at & p. m.  The CAUSE OF DEATH * was as follows:
par (b bus whi	CCUPATION ) Trade, profession, or ricular kind of work ) General nature of industry siness, or establishment in ich employed (or employer)  IRTHPLACE (State or country)  Orcalic 7711	(Buration) yrs. mos. 9 ds.  Contributory Meumoula  Secondary  A (Buration) yrs. mos. 3 ds.
RENTS	10 NAME OF FATHER WORTH Town Shares  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME ()  12 MAIDEN NAME ()  13 MAIDEN NAME ()  14 MAIDEN NAME ()  15 MAIDEN NAME ()  16 MAIDEN NAME ()  17 MAIDEN NAME ()	(Signed) Jalua 2 Party, M. 0.  ACC 13/ 1917 (Address) Oriolk 2006  *State the Pisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PA	of Mother (lugie Nara Manuel)  13 BIRTHPLACE OF MOTHER (State or country)  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. Stats, yrs. mos. ds. Where was disease contracted, if not at place of death?
15 File	REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  MONIET Made 14,191.6  20 UNDERTAKER ADDRESS  Lenne Webster Deals Jeland
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Loborer only when needed. As examples: (a) Spinner, (b) Cotton engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil taken to report specifically the occupations of persons employed, as At school or At home. Care should be of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated on Nomenclature of the American Medical Association.) head-homicide; Poisoned by Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. birth or miscarriage as "Puenperal septichacmia," eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy, hapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia, rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Heart failure," "Heemorrhage," "Inauition," "Maraschopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping The nature of the injury, as fracture of skull, The contributory (secondary or intercur-"Dropsy," carbolic acid-probably State cause for which Never report mere "Atrophy," "Exhaustion, punon ("Con-



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#### PHYSICIANS should of OCCUPATION IS Exact statement PERMANENT EXACTLY. classified. XX supplied. pe UNFADING may certificate. 50 back terms, plain Instructions Information = ō Important. CAUSE

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred is .....Ward) a hospitat or institution. give its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOROR RACE 5 SINGLE, SINGLE, May 16 DATE OF DEATH ce. 1915 WIDOWED. ORDIVORCED (Write the word) (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended decessed from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, 1 day ......hrs. OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) State or country) Contributory Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE ...., t9t 6. (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death ..... yrs. .... mos. .. State \_\_\_\_\_ yrs. \_ Where was disease contracted. TRUE TO THE it not at place of death? Former or usual residence. (Address)..... TE OF BURIAL 40 15 HNDERT ADDRESS REGISTRAR

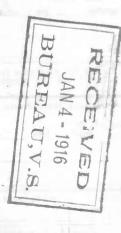
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons causing neath, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the nisease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerreral peritonitis," etc. State cause for thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medicai Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Coilapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic "Contributory." (Recommendations on statement of dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head of "PUERPERAL septichae-The nature of the



S. No.

PLACE OF DEATH	STATE OF MARYLAND
County Somerset 21963	CERTIFICATE OF DEATH
Village or City Jeston (No	Registered No. Ref.  St; Ward)  St; Ward)  St; Ward)  St is NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  MARRIED, WIDOWED, ORGIVERCED (Write the word)	16 DATE OF DEATH  (Month) (Way) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month) (Day) (Near)	that I last saw h
7 AGE  11 LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 1. m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work	( nucles- mumous
business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Tylerton	(Secondary)
10 NAME OF GEO. Switte	(Signed) Clas Character, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Mrans of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER MARY Surge Maddle  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place in the of death yrs, mos ds. State yrs, mos ds. Where was disease contracted,
Interment, Mary Clinateth Sunta	If not at place of death?  Former or usual residence.
Filed Dec 17, 1915 C. J. Schwatten REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  WELLOW  20 UNDERTAKER  ADDRESS  ADDRESS  COL
if more blanks are needed, address State Registra	P & H Franklin St Raita Paguating V S No. 1

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "(Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

childbirth or miscarriage, as "Puerperal septichacmere symptoms or terminal conditions, such as "Asample: Measics (disease causing death), 29 de.: affection need not be stated unless important. valvular heart discase; Obronic Interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." is less definite; avoid use of "Tumor" for mails. The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile." etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-"Exhaustion,"



PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

Every item of information should be carefully supplied, AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD

No. υż N. B. 5

Co	1 PLACE OF DEATH unty Dondres 21964 lage or City Crispeld RD (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 51	4 COLOR OR BACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  170  1 HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH DON'T SURVY 1	200 5 1915, to DER 13, 1915,
(a)	(Month) (Day (Year)  GE It LESS than 1 day,hrs.  OR	and that death occurred on the date stated above, at 2m, The CAUSE OF DEATH* was as follows:
bus	General nature of industry, iness, or establishment in ich employed (or employer)  IRTHPLACE (State or country)	(Ouration) yrs. mos. ds.  Contributory Secondary
	10 NAME OF SAME. & Margan.  11 BIRTHPLACE	(Signed) (Ouration) yrs mos ds.  (Signed) (Address) (Add
PARENTS	OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER FARMER A Manufactor  13 BIRTHPLACE OF MOTHER (State or country)  13 Kitate or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds.
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Denjumin Margant	Where was disease contracted, If not at place of death?  Former or usual residenco
15 File	Address 12/14 1915-MYCoulbour	Menuels ametary 12/15, 1913.  20 UN DERTAKER  ADDRESS  ALLESTON
	If more blanks are needed address State Period	ton O. D. Donald G. D. M. C.

if more branks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precisc specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICINAL, OF HOMICINAL, OF as probably Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head "Convulsions," "Debility" ("Con-"Dropsy," "Exhaustion,



WITH

UNFADING INK

RECORD

PERMANENT

1 PLACE OF DEATH

#### CERTIFICATE OF DEATH IANS should s Registration Dist. No. Ilf death occurred in PHYSICIANS St.:....Ward) a hospital or institution, give its NAME Instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR MACE 5 SINGLE. MARRIED, WIDOWED. ORDIVORCED (Write the word) (Month) (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) classi 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, ....hrs. The CAUSE OF DEATH \* Was OR ..... 7 properi BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) ----certificate. BIRTHPLACE Contributory ..... Secondary (State or country) 10 NAME OF FATHER 50 back ARENTS 11 BIRTHPLACE should OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) uo 12 MAIDEN NAME plain instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 2 13 BIRTHPLACE At place in the OF MOTHER (State or country of death ..... yrs. .... mos. .... ds. DEATH State ..... yrs. \_\_ Where was disease contracted, KNOWLEDGE See If not at place of death?.. of Former or (Informant) 10 usual residence mportant. ш DATE OF BURIAL (Address) .... Every m REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

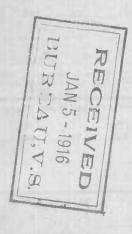
STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

dutics of the household only (not paid Housekeepers the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold ineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uracmia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. ctc., when a definite disease can be ascertained as the genital," "Senile," etc.), mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) canse of death approved by Committee on Nomencia-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; (Recommendations on statement of "Convuisions," "Debility" ("Con-"Dropsy," "Exhaustion," State cause for Never report Ex-



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

	2FULL NAME No Manue	give its NAM of street and
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE  SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)  ATE OF BIRTH	(Month) (Day  I HEREBY GERTIFY, That I attended decea
	(Month) (Day (Year)	that I last saw h 2 alive on 500 8
7 AC	GE   If LESS that   1 day, // hrs	and that death occurred on the fate stated above at
(a) par	CCUPATION ) Trade, profession, or ricular kind of work	- Grinatun bereh
(a) par (b) busi whice	CCUPATION ) Trade, profession, or	(Duration) yrs mos.  Gontributory Secondary
BI (b) busi which (a)	CCUPATION ) Trade, profession, or ricular kind of work.  General nature of industry, iness, or establishment in chemployed (or employer)  INTHPLACE (State or country)  Maryland  10 NAME OF FATHER John H. Jeyler	Contributory Secondary (Duration) yrs mos.  (Signed) History mos.
(a) par (b) busi whice	CCUPATION ) Trade, profession, or ricular kind of work.  General nature of industry, iness, or establishment in chempioyed (or employer)  INTHPLACE (State or country)  Maryland  10 NAME OF FATHER John H. Syler  11 BIRTHPLACE (State or country)  Maryland  12 MAIDEN NAME	(Duration) yrs mos.  Gontributory Secondary (Duration) yrs mos.
BI (b) busi which (a)	CCUPATION ) Trade, profession, or ritcular kind of work	(Duration) yrs mos.  Gontributory Secondary (Duration) yrs mos.  (Signed) J. J. Luck (Address) Our fuels

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers ness of various pursuits can be known. The question Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tiou is very important, so that the relative healthfulwho have no occupation whatever, write Wone. cated thus: Farmer (retired 6 yrs.) For persons CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, (b) rcturn "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the Disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conguital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." schsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact stagment of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No. 1.

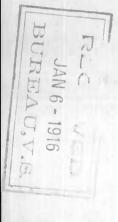
1 PLACE OF DEATH	STATE OF MARYLAND
County Somesset	CERTIFICATE OF DEATH
	Registration Dist. No. 2
Village or City Ohmee No.	St.; Ward) [If death occurred in
7	a hospital or institution, give its MAME instead
2 FULL NAME TO TEL U	aller of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR BACE 5 SINGLE,	18 DATE OF DEATH SPER 4 1016
Temale White WIDOWED OR DIVORCED Sungle	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Dic 19 1915	, 1913 , to 7 , 1913 ,
(Month) (Day) (Year)	that I last saw h 21 alive on 12 2, 1914,
7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, at
yrs. mes. ds. OR min.?	The CAUSE OF DEATH * was as follows:
6 OCCUPATION (a) Trade, profession, or	Juliasius Villa
particular kind of work	<u> </u>
(b) General nature of lodustry business, or establishment in	(Qualitar)
which employed (or employer)	(Buration) yes mos ds.
9 BIRTHPLACE (State or country)	Secondary Secondary
10 NAME OF /	(Ouration) yrs. mos. de.
FATHER TIME Waller	(Signod) , M. O.
11 BIRTHPLACE	1900 d. 1912 (Address) bhance
Z OF FATHER (State or vountry) 6 house 12	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
11 BIRTHPLACE OF FATHER (State or vountry) Chauce 12 MAIDEN NAME OF MOTHER Wabst Willing	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS)  At place In the
(State or country) Chance: Mo	of deathyrsmesds. State,yrsmesds.
14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Jennie Willing	Former or usuat residence
() la faire not	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Chine mr DEc4, 1015
15 NEAH William	20 UNDERTAKER ADDRESS
Filed 1910 REGISTRAR	L'Elivibeter DEN slaud
If more blanks are needed, address State Registrar, 1	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers engineer, Stationary fireman, etc. But in many cases, taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," Compositor, Architect, For persons who have no occupation whatever The material worked on may form part Locomotive engineer, without more (b) Auto-Civil

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or misearriage as "PUERPERAL septichaemia," genital," "Senile," etc.), "Dropsy," "Exhaustion, "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (mcrely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, ctc., of..... on Nomenclature of the American Medical Association.) to determine definitely. Examples: Accidental drowning; "PUERPERAL perilonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver The contributory (secondary or intercur-State cause for which Never report merc wound of



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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 Ilt death occurred in St:....Ward) a hospital or institution. give Its NAME instead of street and number.1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. MARRIED. 1915. WIDOWED. (Month) ORDIVORCED (Day (Year) DATE OF BIRTH (Month) (Day TAGE If LESS than and that death occurred on the date stated above, 1 day .....hrs. The DAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) ... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, t, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. ..... mos. .. State Where was disease contracted. KNOWLEDGE If not at place of death?. Former or usuai residence BURIAMOR REMOVAL DATE OF BURJAL ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, uot fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the uature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or misearriage as "l'uerperal septichae-mia," "l'uerperal peritonitis," etc. State cause for thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS State MEANS OF INJURY and qualify as ete,, when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conample: ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustlou,"



V. S. No. 1.

	PLACE UP DEATH	STATE OF MARYLAND
Cour	Somesoul 21969	CERTIFICATE OF DEATH
		Registration Dist. No. 268
	Dear Sales 187	Ctf dash accurred in
Villa	ge or City (No. // ),	a hospital or institution,
	HANN (4/1)3	give its NAME instead of street and number.
	<sup>2</sup> FULL NAME NAME NAME	osu prome
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	// WARNIED,	16 DATE OF DEATH
m	WIDOWED OR DIVORCED	(Month) (Day) (Year)
6 04	TE OF BIRTH	17   HEREBY CERTIFY, That I attended deceased from
	Danie 17th an	Ne 17 1915, to Nee 1, 1913
	(Month) (Day) (Year)	that I last saw here alive on all no time 1915,
7 AG		and that death occurred on the date stated above, at
	yrs mos ds OR min.?	The CAUSE OF DEATH * was as follows:
8 0	CCUPATION	- Jan
1/(8	i) Irade, profession, or	Out tich, cause of
	rticular kind of work	Ocathe (in litero) wasterden
bu	siness, or establishment in tich employed (or employer)	(Ouration) yrs. mos. ds.
	IRTHPLACE A D 2	Contributory Auditory
	(State or country) Deols Stand Me	(Duration) yrs mos ds
	10 NAME OF PATHER	(Signed) All March M. D.
Ŋ	starry Wirbsu	De la Ser De la Trans
	11 BIRTHPLACE OF FATHER (State or country) Deals Solved Mo	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PARENT	12 MAIDEN NAME	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal of Homicidal.
PA	OF MOTHER DESSER Churson	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE Collegeon 1810	OR RECENT RESIDENTS) At place fn ths
_	(State or country)	er desth yrs. mes. ds. State, yrs. mos. ds. Whers was disease contracted,
14 T	HE ABOVE IS THE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
	(Informant) Ulfila 1205les	Former or usual residence
	Drafe Slandme	19 PAACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	(Address)	DEaly Island DEC 19, 1915
	ed DEC 17th Jeo Botomer	20 UNDERPAKER ADORESS
FII	REGISTRAR	Little Declare
	If more blanks are needed, address State Registrar, 1	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from engaged in domestic service for wages, as Servant, Cook, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part But in many cases, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) Struck by surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. birth or miscarriage as "PUERPERAL septichaemia," etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Urasmia," "Weakness," genital," "Senile," etc.), "Dropsy," rent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles; Whooping cause. Example: Measles (disease causing death), 29 ds.; Bron-Always qualify all diseases resulting from childrailway train-accident; Revolver State cause for which Never "Exhaustion," report mere wound of

